If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(131)			
County Warrester	Registration Dist. No. 355			
Village or City / Bulin Md.	NoSt., Ward			
Length of residence in city or town whare death occurred. XU. yrs. 6	Of death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foraign birth?yrsmosds			
2. FULL NAME Kathern Bish	A If U. S. Veteran, specify WAR			
(a) Residence: Np. Bullin md.	St. Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write theyword)	21. DATE OF DEATH			
flemale W married	(Mon) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY ERT f FY, That I attended deceased from			
Juniary Granes	, T9, to			
6. DATE OF BIRTH (month, day, and year) are, 24, 836 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is sain to have occurred on the date stated above, at 2m.			
d d day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trade, profession, or particular	were as follows:			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Cetata Delatrain			
9. Industry or business In which work was done, as SILK MILL,				
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	R Hepst.			
this occupation (month and 1939 spent in this year)				
md.	Other Coatributery Causes of Importance:			
12. BIRTHPLACE (city or town) (State or country)	Chr. Helbarka			
13. NAME James Truitt				
13. NAME Ames Churth 14. BIRTHP(ACE (city or town)	Name of operation Date of			
(State of country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Elizabeth Hollaroay	23. If death was due to external causes (VIOLENCE) fill in also tha following:			
15. MAIDEN NAME Elizabeth Johnson	Accident, suicide, or homicide? Date of injury19			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Delliam Diskopy	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury			
Place Disting MA Date Willy 1, 193	Nature of injury			
19. UNDERTAKER J. W. Bushage	24. Was disease or injury in any way ralated to occupation of decease 1?			
(Address) Bulin bud.	If so, specify			
20. FILED 8 - 16 ,19 B. T. T. T. T. T. T. T. T. (Address) M. Registrar. (Address)				
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Example I	1	Example II	
The principal cause of death and related of importance were as follows:	auses. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	1 N. 3.71		
1 81 36 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AARGIN RESERVED FOR BINDING

A-	STATE OF MARYLAND	-CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	23 3 5/
DOCC OCC	County Noucester	Registration Dist. No.
short of O	Village or City Girdblille My Moule	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
t S	Langth of residance in city or town where daath occurred	mosds. How long in U.S. if of foraign birth?yrsmosds.
Ever CIAN emer	2. FULL NAME Galy Stisker	Bratlen If U. S. Veteran, specify WAR 70
YSI YSI stat	(a) Residence: No. Wildfelf (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAQCERTIFICATE OF DEATH
KECU Y. PH Exact	3,8EX 4.69LOR OR RACE 5. SINGLE, MARRIED, WIDOWER OR DIVORCED (write the work	21. DATE OF DEATH
ed.	Sa. If married, widowed, or divorced	(Month) (Day) (Wear)
ACT ACT ssifie	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from
X X Cla	5 puly 11, 19	36, 19, to, 19, 19
は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は	6. DATE OF BIRTH (month, day, and yaar)	I last saw h; daath is said
A F. Inted Jopenly	7. ME Yaars Months Days If LESS the	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
sts pre	8. Trade, profassion, or particular	wara as follows: 1 Oata of one of
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cause inchessers
ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	mother recently died
sho it n n b	0 10. Data decaasad last worked at 11. Total tima (years)	57-17.13-
GE hat 18 0	this occupation (month and year) spant in this occupation	Gastraly Interculosis. Cents of.
AGJ So tha	12. BIRTHPLACE (cily or town)	Other Centributory Causes of importanca:
d.	(State or country) // Wylland	to our state
NFAI pplied. erms, instru	13. NAME Dentes dericalist	from a dusib seglio.
uppl tel	T //	Name of operation Date of
ly s lain Se	14. BIRTHPLACE (city or town) Manufland	What tast confirmed diagnosis? Was there an aulopsy?
full full nt.	15. MAIDEN NAME Office Grattery.	23. If daath was due to external causes (VIOLENCE) fill In also tha following:
Y, sare H i	15. MAIDEN NAME ATTINGME STARTING. 16. BIRTHPLACE (city of town).	Accident, suicide, or homicida? Date of injury, 19
A T A T	S (Stale or country)	Where did Injury occur?
rlar hould b OF DE.	17. INFORMANT SUMPLY CONTROL (Addrass)	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREDITION, OR REMOVAC	Mannar of injury
G .=	Place MT Mislight Confidency 1, 19	Nature of Injury.
-WKIT mation CAUS TION	19. UNDERTAKER Janne Degman	24. Was disease or injury in any way related to occupation of deceased?
70	(Addrass) Anow Hulf mg	If so, spacify
ż	20. FILED 7/17/ , 1937 LE Coy Secult	(Signed) See Stall, Miles
	If more blanks are needed, address State Regi	

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Example	e 1	1	Example 11	
The principal cause of death and of importance were as follows:	l related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FCFIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU Y	5.		
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(under Grate	
see birth cert on file in	Worsester Co. for correct
date of britte . 10/2/57 37 a.s.	

STATE OF MARYLAND—CERTIFICATE OF DEATH	14 17 11
1. PLACE OF DEATH	IN
County Vapalely Registration Dist. No. 2.	50
Village or City ococcolso Cety No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and a Length of residence in city or town where deeth occurredmosds. How long in U.S. if of foreign birth?me	
2. FULL NAME TO Se with Impact If U. S. Veteran, specify WAR.	
(a) Residence No. St., Ward. (Usual place of abode) If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. If married, widowed, or divorced (Month) (Day)	, 193
HUSBANO of (or) WIFE of (or) WI	
6. DATE OF BIRTH (month, day, end year) Not Necon i last saw h elive on	_; death Is sald
7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	1011
8 Trade profession or particular	Oate of onset
8 Trade, profession, or particular kind of work done, as SPINNER local No physician in attendance	
9. Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. of case given.	-
SAWYER, BOOKKEEPER, etc. 9. No physician in attendance No physician in attendance Acute Alcoholism from history SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and spent in this spent in this	-
year) Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	
© 13. NAME /f ℓ/	
13. NAME /f // Name of operation Date of Date	
What test confirmed diagnosis? Was there and	autopsy? N.O
15. MAIOEN NAME / t / 23. If death was due to external causes (VIOLENCE) fill in elso the following	g:
15. MAIOEN NAME 1 / 23. If death was due to external causes (VIOLENCE) fill in elso the following 16. BIRTHPLACE (city or town) 16. State or country) (State or country)	, 19
(Specify city or town, county and State or country) 17. INFORMANT Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
(Address) ocollo le lety, Mil	
18. BURIAL CREMATION, OR REMOVAL TO Oate 2 28, 19.37. Neture of Injury	
19. UNDERTAKER CONCOUNTED TO LEGISLAND 24. Was disease or injury In any way related to occupation of deceased?	
(Address) Francisco Carty Med. If so, specify	+
20. FILED July 28, 1937 Anne E. White (Signed) Muse G. White (Address) It was a land of	nd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial apphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 18 1931	July 5, 1927		3 days ago
BUREAU V. S.			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			d mayus

A	item	S she	Jo :	1
	N. B.—WRITE PLATALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every Item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
_	RD.	YSI	stat	
1	000	PH	Kact	
,	TR	, Y.	鱼	
5	ZEN	TI	fied.	
	MAI	CAC	assi	
	PER	EX	ly c	ate.
	A	ated	oper	tifica
1	S IS	e st	e pr	f cer
	THI	ld b	y b	k o
	IX-	nous	t ma	n bac
2	NI C	GE	lat i	IS OF
	NIC	V	se tl	ction
5	[FA]	lied.	ms,	stru
	S	ddns	1 ter	ee ir
-	ITH	ılly	plain	מט
	, W	refu	I in	tant
-	NLY	oe ca	ATE	mpor
J	LAT	nld 1	DE	ry in
	E P	shoi	OF	S ve
	'RIT	tion	USI	NO
	1	ma	CA	II
	K. B	(TION is very important. See instructions on back of certificate.
	Prof.		1	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8171
1. PLACE OF DEATH	82:0
County Woncester	Registration Dist. No. 353
Village or City Bishupville	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2-FULL NAME Jum Gobens Dunt	ug.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Much morned	(Month) (Day) (Year)
5a. If married, Widowed, or divorced HUSBAND of	22. / 1/HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Many Bunking	July 8 1937 to July 22 1087
6. DATE OF BIRTH (month, day, and year) Jeh 14 11991	t last saw h Jan alive on July 20 19 3 7 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
56 5 8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Cerebral Hemorrya gre heyo-3;
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
Sport in this //	
year)	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Such as particular (State or country).	
	hone
13. NAME Jam Kolomis Busting	
■ 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Morry Quenting Right (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sylhoprofle . Mid	Manner of injury
Place of Marlins Jack Capate July 25, 1937	Nature of injury
19. UNDERTAKER M. Jasha Watson	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Lellegarelle Del.	If so, specify
20. FILED ANY 23 19 Mrs Heldy Bury	(Signed) Sq Holland M.D.
Registra	(Address) Beshow md'

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 303	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 37 100	1931	Run over by street car	1 week ago
Cerebral hemorrhage	Fuly 5, 1927	Peritonitis	3 days ago
BOKE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8172		
1. PLACE OF DEATH	(AD)		
County Morgester	Registration Dist. No. 357		
Village or City Show Kill	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U. S. if of foreign birth?yrsmosds.		
2. FULL NAME Dasah Dathell	A If U. S. Veteran, specify WAR		
(a) Residence: No. Snow Hill MO	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH (Monthy (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEBEBY CERTIFY, That hattended deceased from		
goly (albell	april 9, 103/2, to July 6, 1937		
6. DATE OF BIRTH (month, day, and year) Instruction	I last say he alive on		
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above atm.		
about 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, australia SAWYER, BOOKKEEPER, etc.	Grimany conser of the aterus cevers.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (medit and	Duration about six months.		
work was done, as SILK MILL, Own Home			
10. Date deceased last worked at // 11. Total time (years)	sorry ning survey; mailys		
this occupation (moth and 1937 spent in this occupation)	of the factorise		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:		
(State or country)	Ny ferrencion any		
13. NAME Undergrand	# /		
14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country)	What test confirmed diagnosic Spanning Machiner an autopsy?		
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
O I6. BIRTHPLACE (city or town)	Where did injury occur?		
M. W. Water	(Specify city or town, county and State)		
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury		
Place Kelipan 181 Date selly 9, 1937	Nature of Injury.		
19. UNDERTAKEN SERVICE + Daniels	24. Was disease or Injury In any way related to occupation of deceased? "The		
(Address) Grow Till Md	If so, specify		
20. FILED 7/8/ 1937 RECOY Seelett Registrar.	(Signed) M. D. (Address) Absolution M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial pephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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100	1	1	4
0	L		1,

1. PLACE QF DEATH	
County Worcester.	Registration Dist. No. 3V-2
Village or City Ocean J. City.	No. St. Ward
4/G (If	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?msmsds.
2. FULL NAME Galah R. Dennis.	If U. S. Veteran, specify WAR
(a) Residence: No. Ocean City.	St., Ward.
(Usual place of bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
onale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Manual Death (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That attended deceased from
and a second	7 2 6 7 2 2 8 1
6. DATE OF BIRTH (month, day, and year) dug, 31, 1888	last san had alive on ; death is said
7. AGE Years Months () Days If LESS than 1 day,hrs.	to have occurred on the date stored ebove of
48 10 23 ormin.	were of follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ostorial Months
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 7/24/37) spent in this year) occupation.	
12. BIRTHPLACE (city or town) maryland.	Other Contributory Causes of importance:
(State or country)	Jugaring Fire
13. NAME Pererdy J. Dennis. 14. BIRTHPLACE (city or town) maryland	
14. BIRTHPLACE (city or town).	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Ela E. Philips. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs. R. J. Dennis. (Address) O. C. J. Dennis.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Newark, md. Date July 24,1937	Nature of injury
10 HADERTAKED & W Bushage	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address) Berlei Tud.	If so, specify
20. FILED 7/26-, 1937 I. L. Munfoul	(Signed) M. D. (Address) Call Call
Registrar.	(Addies)

If more blanks are needed, address State Registrar, 2411 N. Charles Freet, Baltimore, Requesting U. S. No. 1.

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	Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



STATE O	F MARYL	AND-CERTIFI	CATE O	F DEATH
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Length of residence in city or town where death occurred and yes are seen and number) Length of residence in city or town where death occurred and yes are seen and sumber) 2. FULL NAME (a) Residence: No. (b) Clust place of abody (c) Residence: No. (c) Residence: No. (d) Residenc			JE MAKILAND-	CERTIFICATE OF DEATH
Village or City. Village or City. Langth of residence in city-or town where death occurred. c3.3. yrs. Langth of residence in city-or town where death occurred. c3.3. yrs. A. FULL NAME. (a) Residence: No. (Usual particulars S. S. S. Ward. PERSONAL AND STATISTICAL PARTICULARS S.	Mon	001/18/		920
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Langth of residence in city of town where death occurred	Village or City	gudell		No. St., Ward
2. FULL NAME (a) Residence: No. (b) Classified albedy PERSONAL AND STATISTICAL PARTICULARS 2. 5EX 4. CPUOR, OR RACE OR. PIVORCES WARELED WIDOWED OR. PIVORCES WE wire the words NO. PIVORCES WE wire the words (c) Wife of (c) Wife o	Length of residence in	city or town where	death occurred 23 yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.		John	, 19	MA.
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4, CO.OR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DUNGCES/ which he wordy 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AFE 7. AFE 7. Years Months 1. Trade, profession, or particular 8. SAVYER, BORKEEFE, etc. 7. The PRINCIPAL CAUSE OF DEATH and related course of importance were as follow: 8. SAVYER, BORKEEFE, etc. 8. SIRTHPLACE (city or topin) (State or country) 11. SIRTHPLACE (city or topin) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MANNE 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 26. Considerable of the state of the s		Third		
2. SEX	(a) Residence: No	1 seven		
OR-DIVORCED/waite the words As Ill married, widowed, or diviniced with the second of	PERSONAL A	ND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
So. It married, wildowed, or giw/fixed HUSBAND or (or) WIFE of HUSBAND or (or) WIFE or (or) WIFE or HUSBAND or (or) WIFE or (o	3. SEX 4.00	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Section Sect	Male Do	lord	Midrued	(Month) (Dev) (Year)
(cr) WIFE of 19	5a. If married, widowed, or of	ive ced		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day. hrs. with the profession, or particular wind of work done, as SPINNEE. A correction or main. 8. Trade, profession, or particular wind of work done, as SPINNEE. A correction or main. 9. Trade, profession, or particular wind of work done, as SPINNEE. A correction or main. 9. Trade, profession, or particular wind of work done, as SPINNEE. A correction or main. 9. Trade, profession, or particular wind of work done, as SPINNEE. A correction or main. 9. Trade, profession, or particular wind or main. 10. Trade, profession, or particular wind or main. 11. Total line (years) spent in this solution. 12. Birthplace (city or town) (State or country) 13. Name 14. Birthplace (city or town) (State or country) 14. Birthplace (city or town) (State or country) 15. Mainer diagnosis? 16. Birthplace (city or town) (State or country) 17. INFDRMANT (State or country) 18. Burthplace (city or town) (State or country) 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or inju	(or) WIFE of	arah)	Ound	
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis - ()	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NIG 5 1931				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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JAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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very	AN	nent
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STATE C	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH /		(131)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8175
1. PLACE OF DEATH	(131)
County Worcester	Registration Dist. No. 332
Village or City Sinepuxent near	Barlin, Md St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.if of foreign birth?yrsmosds.
2. FULL NAME Lowin Henry Fook	1 If U. S. Veteran, specify WAR
	in St. Md. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 9 The 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Coah Fooks	22. July 7 the 1937, to July 7 1937
6. DATE OF BIRTH (month, day, and year)	Glast sawh wine elive on Sally 07 1977; death is said
7. AGE Years 70 Months Days If LESS than	to have occurred on the date stated above, at 3.492m.
69 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Cerebral hemorhase 936
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Chamie Treshit 1936
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Urlania Zwige
SAW MILL, BANK, etc	:
O 10. Date deceased last worked at this occupation (month and year)	Addition Was the Section 1999
12. BIRTHPLACE (city or town) Sinespringent Berlin	Other Contributory Causes of importance:
(State or country) Manuland	
1	
13. NAME Jenry Folks 14. BIRTHPLACE (city or town) Singerycent Berlin	Name of operation Date of
(State or country) Mary Land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I Lester Collins	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Berlin,	Accident, suicide, or homicide? Date of injury, 19
[State or country] 16. BIRTHPLACE (city or town) Tolerline, (State or country) Maryland	Where did injury occur?
17. INFORMANT arthur L. Fooks	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Borling Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tamily Cemetery Dorlan Date July 12, 1937	Nature of injury
19. UNDERTAKER James F. Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) 402 E. Church St. Salishan Mol	If so, specify
cours lest 11 .37 & Dr. When and fine	(Signed) Tha a Holland M.D.
20. FILED July /1, 1937 X William Registrat,	(Address) Indaniclus, higher M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Rendering D.S. Now

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 0 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUNE OF DEATH in plain terms, so that it may be properly classified. Every statements. V. S. No. 1

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	5176
1. PLACE OF DEATH	/	93-20 4	
County Margest	el.	Registration Dist. No. 3) /
Village or City/_	sh md	No. St.,	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S.If of foreign birth?yrs	
2. FULL NAME 4	idney Hor	fmattu. S. Veteran, specify WAR	
(a) Residence: No.	Terrash mid	St Ward.	
	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sorite the word)	21. DATE OF DEATH	7
Male Gol	Widneser	(Month) (Day)	_, 193_(Year)
5a. If merried, widowed, or divorced HUSBANO of	7,	22. I HEREBY CERTIFY. That I attended	descend from
(or) WIFE of Mary 6	Hulman		16
	10-60	l last saw ht elive on 19	: deeth Is seh
6. DATE OF BIRTH (month, day and yeer) 7. AGE Years Months	Days If LESS then	to have occurred on the date stated above, et. 6	, 90011113 3011
4.1-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	ware es follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Verelian Heaverle	
9. Industry or business in which			70
work was done, as SILK MILL, SAW MILL, BANK, etc.			4
10. Date deceased lest worked et this occupation (month and	11. Totel tima (yeers) spent in this	1	
year)	occupation	Othar Contributory Causes of importanca;	
12. BIRTHPLACE (city or town)	md,	11/2	
(State or country)	1,	My My ocaratio	
13. NAME James (allman	0	
14. BIRTHPLACE (city or town)		Name of operation Dete of	
(State of country)	and,	What test confirmed diagnosis? Was there an	autopsy?
15. MATDEN NAME Alylaice	· Breddell	23. If daeth wes dua to externel causes (VIOL ENCE) fill in also the following	g: In
16. BIRTHPLACE (city or town)		Accident, suicida, or homicida? Dete of Injury	, 19
State or country)	md,	Whare did injury occur?	
17. INFORMANT Edward	Horeman.	(Specify city or town, county and Sta Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
(Address) Mu	say md,		
18. BURIAL, CREMATION, OR REMOVAL	1 12	Menner of injury	
Place (- ffeet such : PM	Dete / 19 3 - 19	Nature of injury	
19. UNDERTAKER L. U.	Bushage.	24. Was diseese or injury in eny way related to occupetion of degetsed?	
(Addrass)	lin I md.	If so, specify OV	
20, FILED 8/2 1937 &	PEP Suit	(Signed) Chas Lar	M. I
20. FILED, 19.	Registrar.	(Address) Buthing	nd
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUBEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
county Worces les.	Registration Dist. No. 352
Village or City Berlin R. S. D.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lloyd. H. Graffen	If U. S. Veteran, specify WAR
(a) Residence: No. Berlin, R. J. A.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
male while married.	Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Journa & Surbage.	Jake 4th 1937 to July 4th 1937
6. DATE OF BIRTH (month, day, and year) Que , 20, 1909	i last sawh and alive on Fach, 4 1932 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, atm.
29 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Z Frade, profession, or particular	Cronary acclesion 7-4-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, es SILK MILL, Laborer . SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (yeers)	
O 10. Tate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mary Card	Other Contributory Causes of Importance:
(State or country)	
13. NAME George Griffin.	
13. NAME Seozge Griffin. 14. BIRTHPLACE (city or town) Maryland.	Name of operetion
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mane Gruffin.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) maryland.	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mr. Longe Fyllin.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Technology bond 18. BURIAL, CREMATION, OR REMOVAL	Minute of the second se
Place Mewark, Md. Date July 6, 1937.	Manner of injury
19. UNDERTAKER D, W. Burbage	24. Was disease or injury in eny way releted to occupation of deceased?
(Address) Berlin md.	If so, specify
20. FILED July 6, 1937 I V Weenford	(Signed) Class Cand M. D. (Address) 3 August Made
If more blanks are needed, address btate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritie	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 6 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	1000	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8178
1. PLACE OF DEATH	<u> </u>
County Worcesles.	Registration Dist. No.3 3°2
Village or City Berlin R. L. D.	ND
(If Length of residence in city or town where death occurred vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
0, 4	
2. FULL NAME Frime May Jone	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write; tha word) Therefore the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Oay) (Year) 22. I HEREBY CERTIFY. That I ettended decasas from
maries Jours.	July 1937, to July 13, 1937
6. DATE OF BIRTH (month, day, and year) Sept 12, 1884	Vlast saw h & V alive on July / 5 , 1937; death is said
7. AGE Yeers Months Deys If LESS then 1 dayhrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
6. DATE OF BIRTH (month, day, and year) Sey 2 8 7 7. AGE Yeers Months Deys If LESS then 1 day,	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc.	Choque's Murry - 1st
9 Industry or husiness In which	grisse juy again
SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·
11. Total time (years) this occupetion (month end spent in this year)	
100	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) State or country)	Druksks line
II 13. NAME Sans Jarman.	, various
14. BIRTHPLACE (city or town) maryland.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna Wolfert.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Welaware.	Accident, suicide, or homicide? Oate of Injury
16. BIRTHPLACE (city or town) Delaware. (State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Scharles Jours. (Address) Berlindond. R. ID.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR, REMOVAL	Menner of Injury
Place are for the Date fully 17, 1931	Nature of injury
19. UNDERTAKER J. W. Burbage	24. Wes disease or injury in any way related to occupetion of deceased?
20, FILED July 18, 1937 I at Mbuniford	(Signed) Halim Horrin M. O.
1 Colo Registrar.	(Address) / Person fun

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes. Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG R 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepi	iritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	II BUREAU V.	S. Jaly 5, 1927	Peritonitis	3 days ago	
	And the statement of the part				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEAT	TH +			108	?	0110
County //	cesse	V.			Registration Dist. No3	17
Village or City	malle	rec	(If	No.	Sor institution, give its NAME instead of stree	t., Ward
Length of residence In cit	y or town where dea	nth occurred			J.S. if of foreign blrth?yrs	
2. FULL NAME	leurge	e Ea	ward	Mille		
(a) Residence: No				St., Ward.		
PERSONAL AN	DETATISTIC	(Usual place o		MEDIC	If nonresident give city or tow	
1		S. SINGLE, MARR		21. DATE OF DEA		in
male le	oloued	OR DIVORCED	(write the word)	LII DATE OF DEA	(Month) (Day)	, 193
5a. If married, widowed, or divo HUSBAND of	rced			22. ALHER	EBY CERTIFY. That I att	ended deceased from
(or) WIFE of				July 10.	1987, to July	0. 1837
6. DATE OF BIRTH (month, day	, and year)	set 5.	1936	I last saw harman alive	on July 10, 19	3.7.; death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the da	ate stated above, atm. OF DEATH and related causes of importance	
	10	6	ormin.	were as follows:	or DEATH and related causes of importance	Date of onset
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	erticular as SPINNER, PER, etc					·
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e 10. Date deceased last wor	ILK MILL.			Lotar	Galumana	4 da
10. Date deceased last wor this occupation (more year)	ked at the high and		ne (years) t in this pation			
12. BIRTHPLACE (city or town). (State or country)	Suga	letree	Md	Other Contributory Causes	of importance:	
1 01	and T.	Mil	le			
13. NAME E-duy	wn)-Mass	ulen	d	Name of operation	Dat	te of
(State of country)	1 - 0 1	1000		What test confirmed diagno	osis? Was the	ere an autopsy?
15. MAIDEN NAME	estha	Toon	nes	23. If death was due to exte	ernal causes (VIOL ENCE) fill In also the fo	ollowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or to	wn) Strate	anna	2	Accident, suicide, or homic	cide? Date of injury	, 19
(State or country)	10 0	1.100		Where did injury occur?	(Specify city or town, county a	and State)
17. INFORMANT (Address)	ha M	uller	/	Specify whether injury occ	curred in INDUSTRY, in HOME, or In PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR R	EMOVAL	07	0.12 ,5	Manner of Injury	~~~	
Place		_Date	9/	Nature of injury		
19. UNDERTAKER		/ (24. Was disease or injury l	n any way related to occupation of decease	ed? AO,
(Address)				If so, specify	1 m m	
20. FILED, 1	9			(Signed)	m NI Nicke	uson M.
			Registrar.	(Address)	Stachtan, ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	->	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AIG 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	200-0
County Nor Clour	Registration Dist. No. 35/
Village or City	NoSt.,War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME TO DOTA	Nullo If U. S. Veteran, specify WAR 200
(a) Residence: No. (Usual place of abode)	St.,Ward
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the	
. If merried, widowed, or divorced HUSBAND of	V V
(or) WIFE of Sruft	22. I HEREBY CERTIFY, That I attended deceased fro
ad 11-9	3
AGE Years Months Days If LE	I last saw h alive on 19 ; death is sa to heve occurred on the date stated above, at 20 pm.
	The PRINCIPAL CAUSE OF DEATH and related couses of importance
7.1	min. were es follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	no socios su autuantes
9. Industry or business in which	To the second with the second
work was done, as SILK MILL, SAW MILL, BANK, etc	Resource Bladies the
10. Date decessed last worked at this occupation (month and yeer) 11. Total time (years spent in this occupation) accurate of the
some soul it	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) (State or country)	Inable to get any satisfactory informat
13. NAME David Ililla	tion from the dusse sugro. Quell.
14. BIRTHPLACE (city or town) Johnson ne	Neme of operation Dete of
(State or country) branglund	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cassil Partil	23. If death was due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Wallsville Va	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did injury occur?
INFORMANT d'ennie Bartile (Address) Walleville va	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Baftist Cam Date Stelly 300	Nature of injury
UNDERTAKER Propins Welliam	24. Was disease or injury In any way related to occupation of deceased?
(Address) Snowfile 2), FILED 7/7/ 1937 RECon Sent	1 (Signed) LECOY Secret X, Ram.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AUG 3	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			(1	ty or town w		11
2	2. FULL		///	an	ll	2.1.2
	(a) Re	sidenc	e: No			(Usual place
	PERS	SON	AL AN	D STAT	ISTICA	L PART
3.	SEX	2	4.00L0	POR RACE	20 5.	SINGLE, MA
5a.	If married, HUSBAND (or) WIFE	widowe of of	d, or divo	rced		
6	DATE OF BI	PTU (month day	and wast	11	v 22
_	AGE	Yaar		Month	is /	Deys
		1	5	7		75
OCCUPATION	10. Data d this yea	s occup	ation (mo		937	11. Totel sp
				1/11	17-1	1
12.	BIRTHPLA			ruc	Lange	-y
_	(State o			rue	111	Va,
_				Tol.	m	la,
FATHER 121	13. NAME	PLACE	try)	Ful.	Wa Va	Va.
FATHER	13. NAME	PLACE tate or	(city or to	Ful.	Mickey Va	Va.
ATHER	13. NAME 14. BIRTHI (St 15. MAIDE	PLACE ate or o	(city or to	white oe	Vale Va	Van
MOTHER FATHER	13. NAME 14. BIRTHI (St 15. MAIDE	PLACE tate or N NAM	(city or to	white oe	Maria Co	Vanitation of the second

0	1	U	1
0	1	8	1

1. PLACE OF DEATH	CERTIFICATE OF DEATH. 8181
Man	(24) n 350
County County	Registration Dist. No. 220
Village or City (I	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James Mills	
	If U. S. Veleran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I ettended deceased from
DATE OF BIRTH (month, day, and year) 42.2-1922	l lest saw h
AGE Yaars Months Deys If LESS than 1 day,hrs.	to have occurred on the date stetad above, at 20 mg/m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as follows:
S. Irada, profession, or particular kind of work done, as SPINNER, Loy Coforer SAWYER, BOOKKEEPER, etc.	
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jerelowly /5/3
10. Data deceased lest worked at this occupation (month and 13.7 occupation (month and 13.7 occupation)	
2. BIRTHPLACE (city or town) Menty thew	Other Contributory Causes of importance:
(State or country)	- 1 fendech 6/28/3
13. NAME voy Muley	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME LELIE COLLEGE	23. If daeth wes due to external causes (VIOLENCE) fill in also the foilowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT worey metatery	Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OB REMOVAL	Manner of injury
Mee to the Meer Date 1, 193	Nature of injury
9. UNDERTAKER PRINTER STEVENSON (Address) Tomor Se Certy Mich	24. Wes disease or injury In any way related to occupation of dacaased?
10. FILED Nels 18, 1937 anné E Mule Registrar	(Signed) (Address) H. D.
	, 2411 N. Charles Street, Battimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	[1	Example II	
The principal cause of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis (1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 10 1937	July 5,1927	Perilonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8182
1. PLACE OF DEATH	(131)
County Wowester	Registration Dist. No. 351
Village or City Smow Hill	No. St. Ward
1 17 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
The self of the	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / WWY . TOTTKAM	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE OR DIVORCED (write the word)	21. DATE OF DEATH 14 , 193 7 (Tear)
54. If married, widowed, or divorced	
(or) WIFE of Malle a. Northam)	22. I HEREBY CERTIFY, That lattended deceased from
Mal 15 1461	I last saw have alive on 1/4 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 320 m.
75 7 29 I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as rollows:
SAWTER, BUOKKEEPER, atc.	6 1 1 1
9. Industry or business in which work was dona, as SILK MILL SUM SIGM	Coronary accession /14/3
ID. Data daceased last worked at	
this occupation mooth and 1937 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Courses of Importance:
(State or country) / Magnet	Chy Interstitud Neghestes?
13. NAME // elleans C. Mortham	//
13. NAME // selection of the selection o	Name of operation Date of
(State of country)	What test confirmed diagnosist LLWWW was there an autopsy?
15. MAIDEN NAME Mangement Sylvey	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Of A. Wortham	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in intostrut, in nome, of in Poblic Place.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place 1 Gull Jouan Date Relly 15-1937	Nature of Injury — — — — — — — — — — — — — — — — — — —
19. UNDERTAKED Clause Intermedy	24. Was disaase or injury in any way related to occupation of deceased?
(Address) James July 1990)	If so, spacify
20. FILED 7/15/ 1937 REKing Schulk	(Signed) M. D
Registrar.	(Address 1000 r / TU

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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The principal cause of death and related causes of importance were as follows: Arterioselerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AiG 5 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820
County Warlestyr	Ragistration Dist. No.
Village or City & Alin Md	ND. death occurred in a hospital or institution, give its NAME instead of
	How long in U. S. if of foraign birth?yrs.
2. FULL NAME Milliam M. /x	W. If U. S. Veteran, specify WAR
(a) Residence: No. Bushin md.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city of MEDICAL CERTIFICATE OF D
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male OR DIVORCED (durite the word)	July 2
Sa. If married, widowed, or divorced HUSBANO of	(Month) (Day
(Or) WIFE of The the	22. I HEREBY CENTIFY, That
6. DATE OF BIRTH (month, day, and year)	last saw by a alive on Osley 21
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9Am.
80 W 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of important wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A g
SAWYER, BDDKKEEPER, etc	Cerebral
work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacassed last worked at this occupation (month end spent in this securation (month end spent in this securation).	Henoch
year) occupation	Othar Coatributory Caases of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1 24:11: 41	
13. NAME // LULIAM // LULI	Name of operation
(State or country) mid	What test confirmed diagnosis?
15. MAIDEN NAME Mary a lorlies	23. If death was due to axternal causas (VIOLENCE) fill in also the
15. MAIDEN NAME Mary a Collection of the Control of	Accident, suicide, or homicide? Data of Inj
(State or country)	Whera did injury occur? (Specify city or town, cou
17. INFORMANT / 120: (RAVIS) (HISALE)	Specify whathar injury occurred in INDUSTRY, in HOME, or in
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place J. D. Allin My Data July 2 4, 192 7	Neture of injury
19. UNDERTAKER 1. 11. BLANDAGE	24. Was disease or injury in any way related to occupation of de
(Address) Besti Ing.	If so, specify
20. FILED July 24, 1937 IV Mumford	(Signed)

(enco	Registration Dist. N	352	
No.		St	Ward
death occurred in a hospital or institution.	give its NAME instead	of street and numl	per)
	raign birth?yr	's mos	ds.
W. S. Veteran, spe	ecify WAR		
St., Ward.			
MEDICAL CER	If nonresident give city		e
21. DATE OF DEATH	TIPICATE OF I	DEATH	
ZI. DATE OF BEATH	Month) y 2	2 ~ , 19	(Year)
22. I HEREBY C	ENTIFY, Tha	t I attended dace	asad from
	, to	,	19
I last saw harman alive on	uly 21	, 19 37 ; de	ath is said
to have occurred on the date stated at	ove, at _ 9.Am.		
The PRINCIPAL CAUSE OF DEATH a	nd ralated causes of imp	1	
0		Oa Oa	ite of onset
Cerebral	~~e		
16	monh	-01	
		1	
Othar Contributory Causes of Importar	nce:		
	A '02		
Name of operation		Deta of	
What test confirmed diagnosis?	W	as thara an autop	sy?
23. If death was due to axternal causas	(VIOLENCE) fill in also	the following:	100
Accident, suicide, or homicide?	Data of I	njury	, 19
Whera did injury occur?			
Specify whathar injury occurred in IN	(Specify city or town, co DUSTRY, In HOME, or I	ounty and State) n PUBLIC PLACE.	
Mannar of injury			
Neture of injury			
24. Was disease or injury in any way r	elated to occupation of	deceased?	
If so, specify	0	D	
	1. /P. A	Law	M. D.
(Address)	Ball	<u></u>	2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TOTAL

z	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	MANENT RECORD. I	H 2
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states TION is very important. See instructions on back of certificate.	assified. Exact state	e

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8184
1. PLACE OF DEATH	<u> 462</u>
County Mercesty	Registration Dist. No. 332
Village or City Buslin Md	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Oparles 20 Kuhiro	Lsow If U. S. Veteran, specify WAR
(a) Residence: No. / Bullin and	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male or DIVORCED (write the word)	(Monthly (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of Julenda Richardson	22. I HEREBY CERTIFY, Thet I ettended deceased from
1 0 1000	I lest saw h
6. DATE OF BIRTH (month, day, end yeer) Aul 8 / 8 3 7 7. AGE Yeers Mopths Oeys If LESS then	to heve occurred on the dete steted ebove, at 11:30A.m.
79 (6 23 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Carcupara of the bowel 6 7-15-3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month end	a cute in testinal obstruction
Industry or business in which work wes done, es SILK MILL, Flanmed SAW MILL, BANK, etc.	Compared to the Compared to th
11. Totel time (years) spent in this year)	
mi	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Charles Mm. Kuhardson	
13. NAME Chales form, / Cuchardson 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
(State of Country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME // LILE Warring tou	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND PREAM CITY and	Specily whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL	Menner of Injury
Plece / Delica Mid Dete Wy V, 1903/	Nature of Injury
19. UNOERTAKER J. W. Bulling md.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED aug 2, 1927 DV Meinfird	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis, C C FINES	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 8 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
OF	DEATH		WITHI	0007	OBA I a CITAL	

6	3 4	15	Dis-
1	C F	8	2 %
(1	. 0	0
-			

1. PLACE OF DEATH	WITHIS COSPOSATE CONT.
County Worcester	97 Registration Dist. No. 350
Village or City Go commun City Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Suran Kussell	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Tennula** **Tennula**	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended decassed from
10 paper 1 de pare	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) NOV . 20, 1899	i last saw h; death is said
7. AGE Yaers Months Days If LESS then 1 day,hrs.	to have occurred on the data stated ebove, at
/0 1 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Rulenul House to for SAWYER, BOOKKEPER, etc.	No physician in attendance at or
SAWYER, BOOKKEEPER, etc	before time of death. Cause
work was done, es SILK MILL, SAW MILL, BANK, etc	unknown. No history of violence.
kind of work done, as SPINNER. Ruley Arouse to five sawyer, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupetion (month and year) year) 11. Total time (years) spent in this occupetion.	
12. BIRTHPLACE (city or town) Partialy Va	Other Contributory Causes of Importance:
(State or country)	***************************************
13. NAME Perry Bearly	
13. NAME 14. BIRTHPLACE (city or town) 15. Porksly 16. State or country (City or town)	Name of operation Oats of
(State or country) Occo 60 Vol	Whet tast confirmed diagnosis?
15. MAIOEN NAME Augus Onion 16. BIRTHPLACE (city or town) Man Mulfird (State or country)	23. If deeth was due to axternal causes (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Was Syther your and (Addrass)	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placed way Com Pour gate fully 18, 193/	Natura of Injury
19. UNDERTAKER of Bohush In	24. Wes diseasa or injury In any way related to occupation of deceased?
(Addrass) Parkely Va	If so, specify
20. FILED releg 17, 1937 Chure & Otherte	(Signad) Mule a Mule felling Cegalina
Registrar.	(Address) Polamore Losly ///

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory course of investory			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
100							

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH, 8186
1. PLACE OF DEATH	TOWNTHIN GOSPONALA LIMITO
County Marcesta	Registration Dist. No. 350
Village or City to como la tet	No. St., Ward
Langth of rasidence in affy or Jown whara death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Obarlie Saw	lo If U. S. Veteran, specify WAR
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SYNGLE, MARRIED, WIDOWED,	
Male Colored OR DIVORCED (write the good)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
(OI) WIFE OI	, 19, to
6. DATE OF BIRTH (month, day, end year) Lout Kungu	I last sew h alive on, 19; deeth is said
7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, at 1.30 f.m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance wera es follows:
Trada, profession, or particular kind of work dona, as SPINNER, Restaurant SAWYER, BOOKKEEPER, etc.	Date closest
kind of work dona, as SPINNER, Restaurant SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL,	De
work was done, as SILK MILL, Durel	a de la companya de l
11. Total time (years)	Se 1
year) occupation occupation	Other Coatributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME / The Sales ble	
13. NAME A Sales S	Name of operationOete of
(State or country) lenguesca	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Mary Collens	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury, 19
(State produntry) leggence	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COLLEGE NO GENS	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL BEMATION OR REMOVAL	Menner of injury
Place of town Date of 27-, 1997	Neture of injury
19. UNDERTAKER Arusul Seculson	24. Was disaase or injury in any way related to occupation of deceased?
(Address) comolo la Certy Med,	If so, specify
20, FILED July 26, 1937 ann El. Mite	(Signed) all ask. M. D.
Registrar.	(Address) Baraneagle, Celitud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc, Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Act C C C C C C C C C C C C C C C C C C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AJG 10 1937	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I never saw this man until after death. Judging from his appearance and the history of those present when he fell over and died, it must have been a heart condition that caused his death.

2

ID. Every item of infor-	(SICIANS should state	statement of OCCUPA-	
ENT R. SI	FLY. PHY	ed. Exact	
A PERMANI	ed EXACT	erly classifie	ficate.
SIS	stat	pro	certi
-THI	ald be	ay be	ck of
DING INK-THI	AGE should be	so that it may be	ctions on back of
TH UNFADING INK-THI	ly supplied. AGE should be	lain terms, so that it may be	See instructions on back of
VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8184
1. PLACE OF DEATH	J97-01
County / Yorkesley	Registration Dist. No. 314
Village or City Stocklon	No. St., Ward
Length of residence in city or town where death occurredyrs5mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sessie + rences Cross	Selbif J. S. Veteran, specify WAR
(a) Residence: No. Stock ton 14.0	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SAX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOORCED (write the word)	21. DATE OF DEATH
female bloved Since	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. Thetal attended deceased from
(or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) + 1, 1937	I last wh la alive on farly 25 (9.3); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1/10,30 m.
5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brougho- Janeumonia 7/23/27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month end	(()
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end year)	
17-16-	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or gountry)	De la Caralina de la
	made monecutes 1/20/3
E	
14. BIRTHPLACE (city or town):	Name of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E LAX V. b- X	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Stock To William (Address)	Specify whether injury occurred in INDOSTRY, in HOME, OF IN POBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place John To Foresus Centry Date July 24, 1937	Nature of Injury
19. UNDERTAKER Drivery Breeze	24. Was disease or injury In eny way related to occupation of deceased?
(Address) That he had	If so, specify
20, FILED July 25 1937 Mr. Sys Turk	(Signed) M. Suemand Terris M. D.
Registrar.	(Address) Snow fiel the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Exa	npie i	1	Example 11	
The principal cause of death of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NUG 8 1931	July 5,1927	Peritonitis	3 days ago
	UREAU V. S.			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

-WRITE

V. S. No. 1 3

STATE (OF M	IARYLANI	O-CERTIF	FICATE	OF	DEATH
---------	------	----------	----------	--------	----	-------

8189

1. PLACE OF DEATH	
County Horcester	Registration Dist. No. 355
Village or City It haleyvelle	No. V
2. (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
08- 16-11	s ds. How long in U.S. if of foreign blrth? yrs mos d
2. FULL NAME Starah Colla S	howell
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (perite tha word)	DATE OF DEATH 17 102 9
5e. If merriad, widowad, or differed	(Month) (Day) (Yeer)
HUSBAND of Gent Showell	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) bully 6 1860	I last saw h aliva on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	Date of ones.
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Usehral
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
	Hemarkoge
10. Date deceased last worked at this occupation (month end year) - 11. Total time (years) spant in this occupation countries.	
	Other Contributory Causes of importence:
12. BIRTHPLACE (cky or to wf)	
1 Mary 1	
mago re firmana,	
(Stata or country)	Nama of operation Date of
15. MAIDEN NAME Sand Show LOO	What tast confirmed diagnosis? Wes there an autopsy?
The state of the s	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
Rackel James	(Specify city or town, county and State)
(Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place It hologuelle Mode July 18, 1993 1	Nature of injury
MANDENTAND MIP About Month on	24. Was disaese or Injury In any way related to occupation of dageasad?
19. UNDERTAKER / Japan fallager	If so, specify
20 FILED 7-17- 1089 Neven A. Haussand	(Signad) Phase I. Again M.
20. FILED 1- 1901 JAUAN 13- YOU WOLKO	(Address) B. B.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I	-18	Example II	7
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	¥915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis A 1931	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			22.50

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 8190
1. PLACE OF DEATH	119
County Marces at LIVETT	Registration Dist. No. 30
Village or City Mills	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilpie Showell	If U. S. Veteran, specify WAR 76
(a) Residence: No. Anow Zull (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH IT 1938
5a. If married, widowed, or divorced HUSBAND of	(Monyh) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY SERT (FY. That I attended deceased from
0 / .24-	1921,19
6. DATE OF BIRTH (month, day, and year) from 14-137	I last sw house alive on All 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 death is said
7. AGE Years Months Oays If LESS than I day,hrs	to have occurred on the dete stated eboy, at
0 J ormin.	were as of onest
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1213
SAWYER, BOOKKEEPER, etc	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked et this occupation (month and year) 11. Total time (yeers) spent in this occupation	
1 1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
E A A	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy? My
I Tomas signatura	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or fown) (State or cauntry)	Accident, suicIde, or homicide?
Ja Thansell a	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Menezer (Der : Data Jelly /8, 1937)	Nature of injury
19. UNOERTAKER Gearne	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Anors Hill my	If so, specify
20. FILED 7/17, 19 37 KEROG Schutt	(Signed) M, O,
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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I		Example II	
related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
G 5 1937	1921	Run over by street car	1 week ago
0 0 100	July 5,1927	Peritonitis	3 days ago
SPAU V. S			
ortance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	related causes DEIVE G 5 1937	related causes Date of onset 1915 1921 1921 1921 1927 1927 1927 1927 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Ortance: Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 8191
1. PLACE OF DEATH	(19)
County Wargestie	Registration Dist. No. 30/
Village or City / ewarh	No
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mulhh I Taylor	If U. S. Veteran, specify WAR
(a) Residence: No. Wistour n	Ast. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DtVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. THEREBY FERTIFY That attended decodes of the
6. DATE OF BIRTH (month, day, and year)	I lest saw herealive on 7/14/7/19 death is
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 15-16-10 M
3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Minter Carlon & 1/1
Q. work was done as SIIK MIII	Newwite 1010000 14
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Md,	Other Contributory Causes of Importance.
(Stete or country)	Munphan
13. NAME Cyrus Vaylor	A A
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis Was there en autopay
15. MAIDEN NAME Lauella Barrden 16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
6 7	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & Galley Olyston (Address) () wash md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Merash M.S. Date fully 1.6, 1937	Neture of injury
19. UNDERTAKER 1. W. 136hrdage	24. Was disease or injury is any way related to occupation of deceased?
(Address) / Birlin and	If so, specify I I I I I I I
20, FILED 78/57, 1937 RECon Swith	(Signed) F. State Company (Signed) F. State
Registrar.	(Address) FISIN full max
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 10 5 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAII V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8192
1. PLACE OF DEATH	93-0
County // CASOSCOV	Registration Dist. No. 35/
Village br City Anow Mill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Warner Ett. Jumma	If U. S. Veteran, specify WAR
(a) Residence: No. Osnow Will ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OP RACE OR DIVOICED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended daceased from
	193/, to 104/9/19 , 193/
6. DATE OF BIRTH (month, day, and year) will 26 - 17/6	I last saw h. Affice elive on the first said
7. AGE Years Months Days If LESS than 1 day,	to heva occurred on the date steted above, et 22
13 00 11 12 or min.	The PRINCIPAL CAUSE OF DEATH and reletad causas of importanca were as follows:
8. Vrada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Partonome
SAWYER, BOOKKEEPER, etc.	Curibra humentuge July 17
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·
U 10. Date deceased last worked at 11 Total time (years)	
this occupation (months in 1919 spant in this 20 Miss	/
201 0 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Carrier Hogoemans
13. NAME	suuria venieross
E VICTORIANO PRO	
4. BIRTHPLACE (lity or town) Children (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
I / William / Jung 10 mg	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
(State of Country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Survey 2	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place 11: My 40 Cal Date Like of 193/	Nature of Injury
19. UNDERTAKER SHAREN COMPANY	24. Was disease of injury in any wey related to occupation of diceased? Wo
(Address) Jnow Hall mo	If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20, FILED. 7/20 1937 REPOR Secult	(Signed) Su h. pluly, M.D.
Registrar.	paddress) Deron Till Mil
If more blambs are meaded address Seese Projection	N CL J. S P. J P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECORD. Every item of 'infor- PHYSICIANS should state Exact statement of OCCUPA-
3 BINDING	A PERMANENT of EXACTLY rerly classified.
D FOF	IS IS A se state of certifi
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT NECORD. Every item, of 'information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. Mo. 1	N. B.—WRITE PLAINLY, mation should be ca CAUSE OF DEATH TION is very import

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	179 WITHIN CORPORATE
County Marchall	Registration Dist. No. 350
Village or City to a our se teete	NoSt., Ward
Length of residence In city or town whare death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Unknown	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 7 (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Not Rues will	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
efocet 35 - I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	Usto of onset
9. Industry or business in which	he Reverse
work was done, as SILK MILL, Mauseeus SAW MILL, BANK, etc.	Aut Aut
1D. Date deceased last worked et this occupation (month and spent in this occupation.	(
12. BIRTHPLACE (city or town) Not Recover (State or country)	Other Contributory Causes of importance:
13. NAME	
14. BIRTHPLACE (city or town).	Neme of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
17. INFDRMANT	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BEMOVAL Place Date Date 18. Date	Manner of injury Neture of injury
19. UNDERTAKER LENGTH TO THE LENGTH (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 26, 1937 anne E. Obhita. Registrar.	(Signed). GAN aus Cur. MgD. (Address) Connected City ', Yeard'.
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting T) S No. 1

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To be complete, an occupation return must state:

1 100

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago ILACIO: W Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	TIONAL SPACE FOR FUI			
Tream / Known	to by drunk	when last	ween auc	l believe
rigor worts	dead sever	al hours w.	her farend.	Still
und ny up was	this North	able dies -	landa ella	1:18
wood sleve	al in his	flort lek	whickey	
44.3)		rak	antemina	N .

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. All death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred How long in U.S. If of foreign birth?______mos.____ds. J. S. Veteran, specify WAR____ If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 22. I HEREBY CERTIFY That I attended deceased from Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of enset 11. Total time (years) spent in this occupation Was there an autopsy? -What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 Where did Injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ALIC 10 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	872	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE C	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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8195

1. PLACE OF DEATH	22	
County horcester	Registration Dist. No. 350	
Village or City F. Lew Md R. F.D.	Ma	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S.If of foreign birth?yrsmos	ds.
2. FULL NAME My It, Marid	If U. S. Veteran, specify WAR	*****
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yet	7
5a. If married, widowed, or divorced HUSBAND of		211)
(or) WIFE of Marcel Ethel Wight	22. I HEREBY CERTIFY, That I attended deceased	from
6. DATE OF BIRTH (month, day, end year)	Mast saw h fac: alive on 197; death	Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 2 22mm	
37 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trede, profession, or perticular	Date of	onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Tulmon / Vennoch 19	37
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	1	1
O 10. Date deceased last worked et 11. Total time (years)		
10. Date deceased last worked et this occupation (month end 11- 16) spent in this occupation.		
	Other Contributory Causes of importance:	13-
12. BIRTHPLACE (city or town) Warman Guly 1140 a (State or country)		J./
13. NAME Alex Wasslet	1 mm	
I		
4. BIRTHPLACE (city or town) Ut State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?.	
	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Wardstr Gu	Accident, suicide, or homicide?	
21	Where did injury occur? (Specify city or town, county and State) Lectry whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT Of the World of the Caddress of The Provide the Caddress of the		
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Terra 14ice Date 7- 1933	Nature of injury	
2.04.1		
19. UNDERTAKER Williams Areals (Address) Practical acres has	24. Was disease or injury in any way related to occupation of deceased?	
	If so, specify (Signed)	
20. FILED July (1, 193) Unsu & Mule Registrar.	(Address) That I	_ M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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